

VQ-10404869-8630

MAY 1 6 2011

# TRAFFIC CRASH REPORT



LOCAL REPORT #\*  
1 0 - 0 2 4 9 - 9 1

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
IF YES

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.#\*  
O H P 9 1

REPORTING AGENCY\*  
Ohio State Highway Patrol

# UNITS  
0 1

UNIT ERROR  
0 1 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH\*  
0 4 1 9 2 0 1 1

TIME OF CRASH  
0 5 5 5

DAY OF WEEK  
T U E

CITY\* VILLAGE\* TWP\*

NAME (OF CITY, VILLAGE OR TOWNSHIP)\*  
Beaver

COUNTY #\*  
5 0

LATITUDE  
40:57:59.14

LONGITUDE  
80:39:16.12

CRASH OCCURRED ON  
PREFIX | CRASH LOCATION  
IR0076

TYPE LOC  
3

TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION  
EB

AT / REFERENCE  
DIST REFERENCE | DR | PREFIX | REFERENCE  
At | | | 233

REF POINT  
06

REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 MILE POST  
07 CORPORATION LIMIT  
08 PLACE NAME W/O REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE W/O REFERENCE

**A** UNIT # # OF OCC.  
0 1 0 2 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Milwaukee, Wisconsin

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
6 2 M

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1 9 9 4 PETE 379 DGR Colony Jeswald's

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 'X' IF YES

**B** UNIT # # OF OCC.  
NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 'X' IF YES

**C** UNIT # # OF OCC.  
0 1 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
3 6 M

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

**D** UNIT # # OF OCC.  
NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

SEATING POSITION  
0 1 A 01 FRONT - LEFT (MC DRIVER)  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (MC PASS)  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)  
08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER  
16 NON-MOTORIST  
17 UNKNOWN

SAFETY EQUIPMENT  
0 4 A 01 NONE USED  
02 SHOULDER BELT ONLY  
03 LAP BELT ONLY  
04 SHOULDER/LAP BELT  
05 CHILD SAFETY SEAT  
06 MC HELMET USED  
07 USE UNKNOWN  
08 NONE USED  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
13 OTHER  
14 UNKNOWN

AIR BAG  
1 A 1 NOT DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN

AIR BAG SWITCH  
1 A 1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

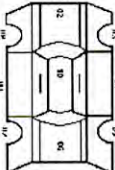
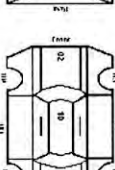
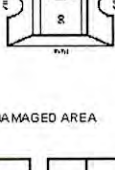
EJECTION  
1 A 1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

TRAPPED  
1 A 1 NOT TRAPPED  
2 EXTRACTED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES  
1 A 1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \*'X' IF YES

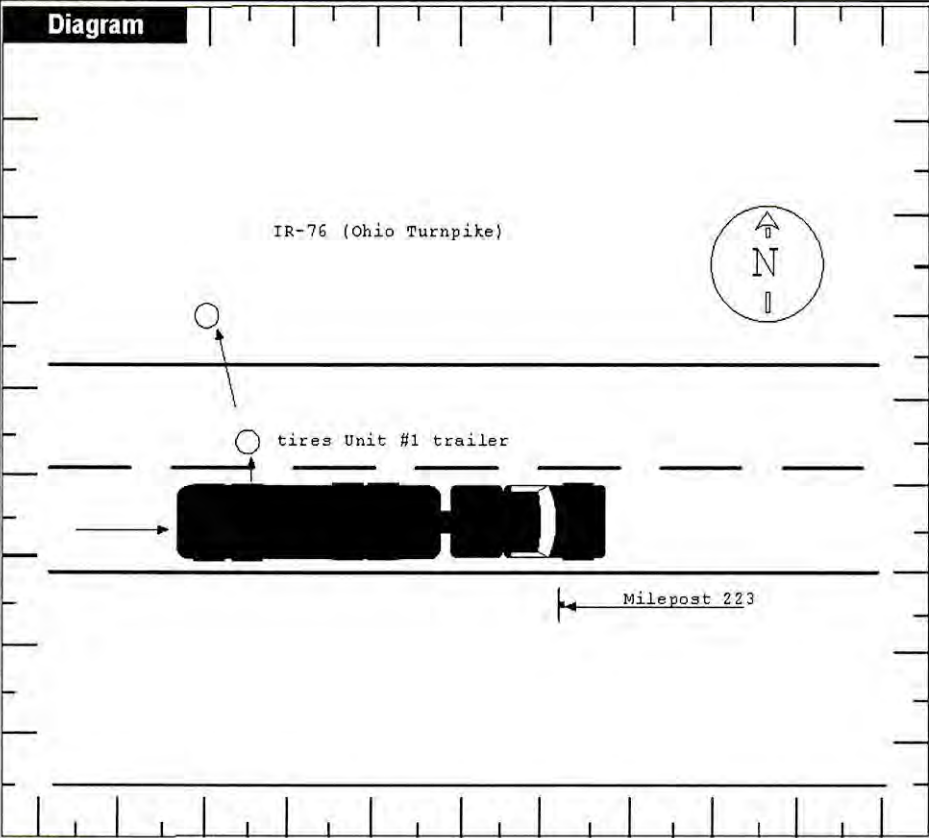
<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td><input type="text" value="0"/></td><td><input type="text" value="6"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>POSTED SPEED</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>
<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>																		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>A</b>  <b>B</b> 	<b>MOTORIST</b> 01 MOVEMENT ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/OBJECT EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIA/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	<b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>NO CONTROLS</b> 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALL/DO NOT WALK SIGN/L 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
<b>TYPE OF UNIT</b> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/DA 09 IMPROPER LANE CHANGING 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>DIRECTION</b> <b>FROM TO</b> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <b>FROM TO</b> <input type="text"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>																
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK, 2 AXLES, 5 TIRES 10 SINGLE UNIT TRUCK, 3 AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR SEMI-TRAILER 14 TRACTOR DOUBLE SHORT 15 TRACTOR DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER COLLY 17 TRACTOR TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/BOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CONTROL UNDERMOUNT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED USE PATHS OR TRAILS 13 UNKNOWN																
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ACTION</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1 NONE CONTACT</b> <b>2 NO COLLISION</b> <b>3 STRIKING</b> <b>4 STRUCK</b> <b>5 BOTH STRIKING AND STRUCK</b> <b>6 UNKNOWN</b>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDERS/UNDERRIDERS</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ROAD CONDITION</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1 NO UNDERRIDE OR OVERRIDE</b> <b>2 UNDERRIDE, COMPARTMENT INTRUSION</b> <b>3 UNDERRIDE, NO COMPARTMENT INTRUSION</b> <b>4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</b> <b>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</b> <b>6 OVERRIDE OTHER VEHICLE</b> <b>7 UNKNOWN</b>	<b>VEHICLE DEFECT CODE ONLY IF 19 SELECTED ABOVE</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/>	<b>SPEED</b> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>PRIMARY</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> <b>SECONDARY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
	<b>1 NONE</b> <b>2 NON-FUNCTIONAL DAMAGE</b> <b>3 FUNCTIONAL DAMAGE</b> <b>4 DISABLING DAMAGE</b> <b>5 SEVERE</b> <b>6 UNKNOWN</b>	<b>01 TURN SIGNALS</b> <b>02 HEAD LAMPS</b> <b>03 TAIL LAMPS</b> <b>04 BRAKES</b> <b>05 STEERING</b> <b>06 TIRE BLOWOUT</b> <b>07 WORN OR SLICK TIRES</b> <b>08 TRAILER EQUIPMENT DEFECTIVE</b> <b>09 MOTOR TROUBLE</b> <b>10 DISABLED FROM PRIOR CRASH</b> <b>11 OTHER DEFECTS</b>	<b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1 APPARENTLY NORMAL</b> <b>2 PHYSICAL IMPAIRMENT</b> <b>3 EMOTIONAL</b> <b>4 ILLNESS</b> <b>5 FELL ASLEEP, FAINTED, FATIGUE, ETC</b> <b>6 UNDER THE INFLUENCE OF MEDICATION OR DRUGS/ALCOHOL</b> <b>7 OTHER</b> <b>8 UNKNOWN</b>	<b>01 DRY</b> <b>02 WET</b> <b>03 SNOW</b> <b>04 ICE</b> <b>05 SAND, MUD, DIRT, OIL, GRAVEL</b> <b>06 WATER (STANDING, MOVING)</b> <b>07 SLUSH</b> <b>08 DEBRIS**</b> <b>09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT**</b> <b>10 OTHER</b> <b>11 UNKNOWN</b> <b>**SECONDARY ROAD CONDITIONS ONLY</b>																
			<b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1 NONE</b> <b>2 TEST REFUSED</b> <b>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</b> <b>4 TEST GIVEN, RESULTS KNOWN</b> <b>5 TEST GIVEN, RESULTS UNKNOWN</b> <b>6 UNKNOWN</b>	<b>LOCAL REPORT #**</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="1"/>																

TOP COPY - OPCS BOTTOM COPY - AGENCY

**Narrative**

Unit #1 was eastbound in the right lane of IR-76 (Ohio Turnpike). The left rear trailer tires of Unit #1 came off damaging the trailer.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIFE, SAME DIRECTION 8 SIDESWIFE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 0 <input type="checkbox"/> 4 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 5 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 A DANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



<b>Truck/Bus</b> UNIT # <input type="checkbox"/> 0 <input type="checkbox"/> 1	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	AND THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
	COMPANY (FROM INSURING PAPERS) _____ COMPANY PHONE _____	
	ADDRESS (STREET, CITY, ST, ZIP CODE) _____, Milwaukee, Wisconsin _____	

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
886678			WI	1994			
CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED			
<input type="checkbox"/> 0 <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04192011	0555	0555	0633	0700	30	0095
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Finsen, Lewis	1412	JDRUDDLE	04202011			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/>	10-0249-91			

TOP COPY - CDPS BOTTOM COPY - AG ENCY

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 10-0249-91	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 04/19/2011
IN COUNTY OF Mahoning	ACCIDENT LOCATION IR0076	
<p>Unit #1 damage- None.</p> <p>Unit #1 trailer- 1994 Great Dane 53 ft box trailer (white). Wi. Reg.: [REDACTED] V.I.N.: 1GRAA9621RB [REDACTED] Trailer owner: Same as Unit #1.</p> <p>Unit #1 trailer damage- Axle, hub and aluminum wheel well. Lug appeared to have sheared off.</p> <p>Note- Tires were located.</p> <p>Note- No other vehicles reported damage from the tires.</p> <p>Note- Report taken at the 235.2 milepost.</p> <p>THE SPEED LIMIT IS 70 MPH</p>		
OFFICERS SIGNATURE		BADGE NO. 1412



